I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN

Date: November 23, 2001

WASHINGTON, D.C. 20231, ON:

By: Gerald E Swiss

AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS,

Patent

Attorney's Docket No. <u>033136-087</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

COPY OF PAPERS ORIGINALLY FILED

In re F	Patent Application of)	BOX NON-FEE AMEND	MENT
Hamet	, et al.)		
Applic	ation No.: 09/480,260)	Examiner: M. Meller	RECEIVED
Filed:	January 11, 2000)		MAR 1 1 2002
For:	PRE-CONDITIONING AGAINST CELL DEATH)		TECH CENTER 1600/2900
)		

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

	Enclosed is	a reply	for the	above-identified	patent	application.
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[]	A Petition for Extension of Time is also enclosed.
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
[X]	Also enclosed is acknowledgment postcard
[].	Small entity status is hereby claimed
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the[] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).

(10/00)



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Amendment/Reply Transmittal Letter Application No. <u>09/480,260</u> Attorney's Docket No. <u>033136-087</u> Page 2

[]	Applicant(s) previously submitted,	on,	for	which	continued	examination	is
		requested.						

[] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

[X] No additional claim fee is required.

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[] An additional claim fee is required, and is calculated as shown below:

MAR 1 1 2002

TECH CENTER 1600/2900

	No. OF CLAIMS	A MENDED HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE							
Total Claims $MINUS = \times $18.00 (103) =$												
Independent Claims	× \$84.00 (102) =											
If Amendment adds multiple dependent claims, add \$280.00 (104) Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee												
							TOTAL ADDITIONAL	PINCE DOE	FOR THIS AMEN	DYIDAUL.***		

l :	A claim fee in ti	ne amount of \$. 1S	enclosed
ſ	Charge \$	to Deposit Account N	lо.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.



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Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

y: day

Registration No. 30,113

P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300

November 23, 2001

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- Date: